fold brig x 4

Entry Blank—Please Type or Print			
☐ Ms./Artist     Mr./Artist —	David m	Tham	
Permanent Address		Hhland City	(last name last)  Lakewood  16)228-0416
Zip	11101	Daytime Ten (	area
Temporary or Studio Address			
•		Street	City
7.		Daytime Tel. (	)
Zip			area
	esently live in one o county were you bo	of the counties of the corn?	e Western
Collaborator (if any)			
☐ Museum shou ☐ Museum shou	ald dispose of.  Ild ship to artist at a	artist's expense:	
City	State		Zip
Special Instr	uctions		
THE OWNER OF THE OWNER OWNER OF THE OWNER		ull and signed; form	s received unsigned will not
When necessary, include instructions or a drawing for assembling and displaying an object.			
that the Museum	n shall dispose for it nerein. It is also und	ts own account any	objects. It is understood objects not picked up by ed objects will remain on
terms and condit	ions printed herein		stance by the artist of all
Signature	avid m. T	hum	
1			
I have received the unsold/unaccepted object(s) in good condition.			

Signature

## **Entry Blanks**

NOT ACCEPTED

NOT ACCEPTED